

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September, 1, 1993 and Commission Rule 133.305, titled Medical Dispute Resolution, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service (DOS) 02/12/02?
 - b. The request was received on 05/20/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB(s)
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. HCFA(s)
 - c. EOB(s)
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Requestor did not respond the Commission's request for two copies of additional documentation per Rule 133.307 (g)(3). Therefore, the Division could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The findings and decision is based on all documentation submitted by the parties.
4. Fax confirmation of Commission's request for two copies of additional documentation is reflected as Exhibit III.
5. Commission requested documentation, Exhibit IV
 - a. Payment record from carrier

III. PARTIES' POSITIONS

1. Requestor: letter dated 05/17/02
“(Carrier) has established an unfair and unreasonable time frame in paying for the services that were authorized and rendered to (Claimant).”

2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.305 (d)(1&2), the only date of service eligible for review is 02/12/02.
2. The provider billed \$1400.00 for CPT code 97799-CP-AP (8 hours at \$175.00 per hour) and \$100.00 for CPT code 99082.
3. The EOBs uses the denial “A – PRE-AUTHORIZATION NOT OBTAINED” for CPT code 97799-CP-AP and the denial “F – NON EMERGENCY PATIENT TRAVEL EXPENSES ARE NOT ADDRESSED IN THE STATES MEDICAL FEE GUIDELINE. PLEASE DIRECT TRAVEL REIMBURSEMENT REQUESTS TO THE ADJUSTER. REQUESTS WILL BE REVIEWED IN ACCORDANCE WITH RULE 134.6 OF THE TX WC ACT” for CPT code 99082.

V. RATIONALE

CPT code 99082 descriptor states, “Unusual travel (eg, transportation and escort of patient) and it has a Maximum Allowable Reimbursement (MAR) of DOP. When the MAR is DOP, documentation would be required per the Medical Fee Guideline (MFG), General Instructions (GI)(III)(A)(1-6). The provider has not submitted documentation to explain the need for “unusual travel” and the billing of CPT code 99082. Otherwise, reimbursement is provided per Commission Rule 134.6. Therefore, no reimbursement for CPT code 99082 is recommended.

The Respondent denied CPT code 97799-CP-AP citing the lack of preauthorization. The Requestor has included in the dispute packet a letter that gives authorization for 20 days of service with a start date of 12/26/01 and an end date of 01/26/02. Unless specifically noted otherwise by Commission Rules, preauthorization is given as number of treatments. Per commission request, the Carrier has submitted documentation that shows the number of dates of service it has reimbursed to present. Based on the 20 days of service preauthorized and the number of days the carrier has reimbursed, the services in dispute were preauthorized and reimbursement of \$1,400.00 is recommended.

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,400.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 7th day of November 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division